



**GREENBELT**  
**Request for Review- Real Property**  
**Cache County Board of Equalization**

UCA §59-2-516  
Form PT-10 **GB**  
Cache County 07/2025

Complete one form for each parcel and return with your evidence to the county auditor's address shown at the bottom of this form  
**within 45 days of the county assessor's determination.**  
**Due Date: \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by 5:00 p.m.**

**Owner and Property Information**

Owner's name			Telephone number	
Street address			Cell number	
City	State	Zip	Email	
Property location			Property identification number/ Parcel number	
Type of property <div style="display: flex; justify-content: space-between; padding: 0 10px;"><span><input type="checkbox"/> Vacant land</span><span><input type="checkbox"/> Commercial</span><span><input type="checkbox"/> Residential</span><span><input type="checkbox"/> Agricultural</span><span><input type="checkbox"/> Other</span><span><input type="checkbox"/> <b>Greenbelt</b></span></div>				

Market value shown on "Notice of Valuation and Tax Change" as of January 1st	\$
Owner's estimate of market value as of January 1st	\$

<b>Reason for Appeal</b>		<b>"Recent" means no older than 1 year prior to the lien date of January 1st</b>	
<input type="checkbox"/> <b>"Recent"</b> sale of property (attach copy of closing documents)	<input type="checkbox"/> <b>Withdrawal of property from Greenbelt (FAA eligibility)</b>		
<input type="checkbox"/> <b>"Recent"</b> appraisal of subject property (attach full copy)	<input type="checkbox"/> <b>Imposition of Rollback</b>		
<input type="checkbox"/> <b>"Recent"</b> sales of comparable properties	<input type="checkbox"/> <b>Denial of Greenbelt Application</b>		
<input type="checkbox"/> <b>Other</b>			
<input type="checkbox"/> <b>FAA Land Classification</b>			

**Taxpayer's Rights**

☐ **I do wish to appear** before the County Board.    ☐ **I do not wish to appear** before the County Board, The Board's decision will be based on consideration of the information submitted. If I am not satisfied, I understand that I retain the right to appeal to the Utah State Tax Commission.

**Agent Authorization to Represent Record Fee Owner ( signed form must be attached )**

Name of agent representing owner	Agent's telephone number
Agent's Address	Agent's Email Address:

**Certification and Signature**

I certify that all statements here and before the Board are true, complete, and correct to the best of my knowledge. I understand that all information submitted to the Board, and the decision of the Board, are public record. **I am still responsible to pay all the taxes due to avoid penalties and interest, and if a refund is necessary it will include interest.**

Signature of: <input type="checkbox"/> Owner	<input type="checkbox"/> Other _____	<input type="checkbox"/> Authorization attached (if signature is from someone other than the owner)
X		Date:

**Supporting documentation must be attached**

<b>Office use only</b>	<b>Send Requests To:</b> Cache County Board of Equalization 179 North Main, Suite 112 Logan, UT 84321 Phone: (435) 755-1706 <b>Email Requests To:</b> appeals@cachecounty.gov
<input type="checkbox"/> Taxpayer was issued a "Notice of Intent to Dismiss the Appeal" and given ten (10) days to submit the necessary information	